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Company: USPTO TC3600

From: Wendy W. Koba

Attention: GAU 3653

Pages Including Cover Sheet 4

Fax No.: 703-872-9326

Date: 7/21/03

Re: Serial No. 10/076,920

Urgent  Please review  Please Comment  Please Reply  For your information

Case Name: Deliwala 53168-500301D3

Serial Number: 10/076,920

Official

Filing Date: February 15, 2002

Group Art Unit: 3653

Examiner: Not yet assigned

Title: Integrated Optical/Electronic Circuits and Associated Methods of Simultaneous Generation Thereof

FAX RECEIVED

Attached please find the following document:

JUL 22 2003

1. Transmittal Form (1 page)
2. Certificate of Facsimile Transmission under 37 CFR 1.8 (1 page)
3. Associate Power of Attorney and Change of Correspondence Address (1 page)

GROUP 3600

Respectfully submitted,

*Wendy W. Koba*

Wendy W. Koba, Esq.

PTO/SB/21 (05-03)

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TRANSMITTAL  
FORM

(To be used for all correspondence after initial filing.)

		Application Number	10/076,920
		Filing Date	2/15/02
		First Named Inventor	Dejewala
		Art Unit	3653
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission		Attorney Docket Number	53168-5003-01-D3

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Alter Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> 1. Cert. of transmission under 37 CFR 1.8
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> 2. Fax Cover Sheet
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wendy W. Koba		
Signature	Wendy W. Koba		
Date	7/21/03		

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Typed or printed name	Wendy W. Koba		
Signature	Wendy W. Koba		
	Date	7/21/03	

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Associate Power of Attorney and Change  
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